

Siohn Zion Lee

NUR392

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Journal 5 (Simulation)

During this week's simulation at school, I participated in three cases: one with sepsis, one with seizure, and DM(DKA). Despite feeling nervous at the start of each simulation, I was fortunate to have knowledgeable classmates who motivated me to participate.

During our first case with a pediatric patient in seizure precaution, our group misunderstood the instructor's speech and started the simulation unprepared. However, we intervened in the seizure episode by quickly raising the side rails, putting the patient in a side-lying position free of the airway, and administering Keppra with NS, antibiotic, and Tylenol. After the intervention, the patient stopped seizing, and oxygen saturation returned to normal range. However, HR was still high. The instructor taught us that during the postictal stage, patients experience confusion and drowsiness, so it's essential to continue to check ABCs. We should have taped the anti-seizure meds before administering them to the pediatric patient and checked seizure time during the episode.

In the second case, we had a patient with sepsis caused by bacterial infection. Our group was prepared for this case, but we overlooked the maintenance fluids and did not switch to a bolus, which made all other interventions useless and put the patient in cardiac arrest. We also hurriedly used AED when we saw asystole, which should have been used for Vfib/Vtach events.

The third case was a DM patient, which we had prepared the most, and it only required management. However, I misheard the patient's glucose level as "250" instead of "50," which

confused me why my team gave dextrose instead of more insulin. Even though I was confused about their intervention, I could not say anything because the patient's status became stable after.

My greatest challenge was the need for medication knowledge and unprepared nursing interventions regarding the lack of patient information analysis. Significantly, the CPR could have been done without mistake if I was stayed calm and not hurried.

Reflecting on my growth from this simulation, I am more grateful to have this opportunity to experience situations that significantly relate to real-life emergencies. My accomplishment is that I performed better than in other simulations before, and I could be more helpful to the group by performing techniques such as CPR, communicating with the care team to report vitals, asking for orders, and analyzing the situations to alleviate emergency situations. However, many areas need improvement, such as basic nursing skills like ABCs, CPRs, and knowledge of medications, which can be enhanced by reviewing related materials more frequently.

In terms of personal, spiritual, and professional growth, I learned that I should ask for clarifications, even if it's hard to bother others. If it's for the patients' and the care team's safety, I must overcome this shame and become useful.

"For in this hope we were saved. But hope that is seen is no hope at all. Who hopes for what they already have? But if we hope for what we do not yet have, we wait patiently (Rom 8:24-25,)"

I hope to receive more of God's love and be a man of God. While it is scary and worrisome, I humbly ask my Lord to give them to him because it's the only hope I can have and the only solution in this world.